HM 8462-820

			FILED			
1	IIIN TO					
2	Name Allara	Anthony	JUN 1 2 2008			
3	(Last)	(First)	(Initial) RICHARD W. WIEKING CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA			
4	Prisoner Number K4	00159				
5	Institutional Address					
6						
7	E filing	UNITED STATES DIS DRTHERN DISTRICT	TRICT COURT OF CALIFORNIA			
8		· ,)			
9	(Enter the full name of plaintiff in	this action (2943 WH			
10	vs.		Case No. (To be provided by the Clerk of Court)			
11			COMPLAINT UNDER THE			
12	CIVIL RIGHTS ACT, Title 42 U.S.C § 1983					
13) Title 42 0.5.0 § 1965			
14						
15	(Enter the full name of the defendant(s) in this action)					
16	[All questions on this complaint form must be answered in order for your action to proceed]					
17	I. Exhaustion of Admi	nistrative Remedies.				
18	[Note: You must ex	thaust your administrativ	e remedies before your claim can go			
19	forward. The court v	will dismiss any unexhau	sted claims.]			
20	A. Place of pres	ent confinement Sal	inas Valley S.P.			
21	B. Is there a grievance procedure in this institution?					
22	YES	(NO ()				
23	C. Did you pres	ent the facts in your com	plaint for review through the grievance			
24	procedure?					
25	YES	(√) NO()				
26	D. If your answ	ver is YES, list the appeal	number and the date and result of the			
27			did not pursue a certain level of appeal,			
28	explain why.	•	•			
	. ,					
	COMPLAINT	- 1 -				

1		1. Informal appeal	
2		·	
3			
4		2. First formal level	
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6			
7		3. Second formal level	
8	Ì		
9			
10		4. Third formal level	
11			
12			
13	E.	Is the last level to which you appealed the highest level of appeal available to	
14		you?	
15		YES () NO ()	
16	F.	If you did not present your claim for review through the grievance procedure,	
17	explain why		
18			
19			
20	II. Parties	3.	
21	A.	Write your name and your present address. Do the same for additional plaintiffs,	
22	if any.		
23	Anthony Allara V. K60159		
24	Salinas Valley State Prison DMH. A1 PO. Box. 1050 Soledad Calif. 93960		
25	*PO.Box.1050= Soledad Calif. 93960		
26	В.	Write the full name of each defendant, his or her official position, and his or her	
27	place of employment.		
28	Two Cos Af Old Folsome Prison Their names aryet		
	COMPLAINT	r - 2 -	

COMPLAINT

- 3 -

1	issue of Notice of Appeal forms at New Folsome -					
2	- State Prican					
3	# 4A5C14471 * laman bedigent Prisoner.					
4	#4A5C14471 "lam an Indigent Prisoner."					
5	I declare under penalty of perjury that the foregoing is true and correct.					
6						
7	Signed this 5 day of June, 20 08					
8						
9	A allara					
10	(Plaintiff's signature)					
11						
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16 17						
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28						
	COMPLAINT - 4 -					

	CR-120				
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY				
Salinas Valley State Prison Po.Box. 1050					
Soledad Calif. 93960					
TELEPHONE NO.: FAX NO.:					
ATTORNEY FOR (Name):					
SUPERIOR COURT OF CALIFORNIA, COUNTY OF					
PEOPLE OF THE STATE OF CALIFORNIA					
DEFENDANT:					
Date of birth: 8.24.56 California Dept. of Corrections No. (if applicable): K60159					
NOTICE OF APPEAL—FELONY (DEFENDANT) (Pen. Code, §§ 1237,1538.5(m); Cal. Rules of Court, rule 8.304)	case number(s): 98F09296 # 4A5C14471				
NOTICE					
• If your appeal challenges the validity of the plea you must complete the Request for Certificate of Probable Cause on the other side of this form. (Pen. Code, § 1237.5.)					
You must file this form in the superior court within 60 days after entry of judgment.					
1. Defendant (name):					
appeals from the order or judgment entered on (specify date of order, judgment, or sente	ence):				
2. This appeal follows:					
a. A jury or court trial. (Pen. Code, § 1237(a).)					
b. A contested violation of probation. (Pen. Code, § 1237(b).)					
c. A guilty (or no-contest) plea or an admitted probation violation (check all boxes	s that apply):				
(1) This appeal is based on the sentence or other matters occurring after the plea. (Cal. Rules of Court, rule 8.304.)					
(2) This appeal is based on the denial of a motion to suppress evidence under	Penal Code section 1538.5.				
(3) This appeal challenges the validity of the plea or admission. (You must con Probable Cause on the other side of this form.)	nplete the Request for Certificate of				
d. Other (specify):					
3. I request that the court appoint an attorney on appeal. Defendant was represented by an appointed attorney in the superior court.	was not				
4. Defendant's address: same as in attorney box above.					
as follows:					
Date: 6.5.08	•				
	1.011-20				
TYPE OR DRINT MAME)	ATURE OF DEFENDANT OR ATTORNEY)				
- (TIPE ON PRINT NAME) (SIGN	TONE OF BELLEVIANT ON ATTORNETY				

	CR-120			
PEOPLE OF THE STATE OF CALIFORNIA vs.	CASE NUMBER(S): 445C14471			
DEFENDANT: Anthony Allara	#98F09296			
REQUEST FOR CERTIFICATE OF PROBABLE	CAUSE			
I request a certificate of probable cause. The reasonable constitutional, jurisdictional or other plea, no contest plea or probation violation admission proceeding are (specify):	r grounds going to the legality of the guilty			
I request this Notice of appeal to be filed of	n arounds of			
a late issue of Notice of appeal forms to be fil	ed + denighed			
I request this Notice of appeal to be filed of a late issue of Notice of appeal forms to be file for being 2 days late from New Folsome Pr	ison year 2000			
	•			
If this is denighed Can I be granted a hearing	To explain the above!			
				
	<u> </u>			
	<u>. </u>			
I declare under penalty of perjury under the laws of the State of California that the foregoing is	s true and correct.			
Date:				
	(Illara			
71117110114	TURE OF DEFENDANT OR ATTORNEY)			
COURT ORDER This Request for Certificate of Probable Cause is (check one): granted denied	4			
Date:				

Office of the U.S. District Court Northern District OF California Communication of the Avenue Box. 360 Communication of the San Francisco California 94102

